

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69601	8/14/00
O.I.P.E. CLASSIFIER	XSD		8/20/00
FORMALITY REVIEW	BD	96989	9-27
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - - - - - Allowed I Interference
 (Through numeral)... Canceled A Appeal
 - - - - - Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	3/5/04
2	✓
3	✓
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If more than 150 claims or 10 actions
 staple additional sheet here

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